

Customer No. 28880

Confirmation No. 1869

PTO/SB/24 (06-04)

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Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Application Number	10/699,106
Filing Date	October 31, 2003
First Named Inventor	Stephane Caron, et al.
Art Unit	1626
Examiner Name	Anthony Joseph Pavigianiti
Attorney Docket Number	PC23300A

Please check only one of boxes 1 or 2 below:

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1.  **Express Abandonment**

I request that the above-identified application be expressly abandoned as of the filing date of this paper.

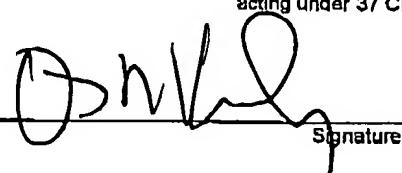
2.  **Express Abandonment in Favor of a Continuing Application**

I request that the above-identified application be expressly abandoned as of the filing date accorded the continuing application filed previously or herewith.

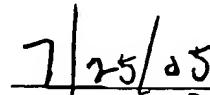
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only if box 2 above, stating that the application is expressly abandoned in favor of  
a continuing application, is checked). Attorney or agent registration number if  
acting under 37 CFR 1.34.

(Attorney or agent registration number)



Signature



Date

David R. Kurlandsky

734-622-7304

Typed or printed name

Telephone Number

Note: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 1 forms are submitted.

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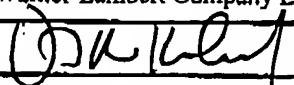
Total Number of Pages in This Submission

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## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Warner-Lambert Company LLC		
Signature			
Printed name	David R. Kurlansky		
Date	7/25/05	Reg. No.	41,505

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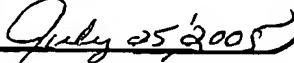
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Linda A. Zerby

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